## Application for Medical Marijuana Cultivator License

| d anyone<br>sons"). If<br>ownersh | with<br>an e<br>ip in  | man<br>ntity<br>the e  | agin<br>(cor<br>entity   | g or operatior<br>poration, part<br>r, and their eff   | nal con<br>nership<br>ective   | trol of to, LLC, owners  | the cultivator<br>etc.) has interest,<br>ship in the license.<br>ry.   |  |
|-----------------------------------|--|--|--|--|--|--|--|--|
| Title<br>COO/C<br>Manager         | 0 0000 000   |  | SSN/FEIN   |  | DOB  |  | App submitted?<br>⊠Yes □No   |  |
| City                              |  | State<br>RI  |  | ZIP<br>02903   | Phone Number   |  |  |  |
|                                   |  | % Bu   | sines  | s Associated with  | 1  |  | e Own. % in Applicant  |  |
| Title<br>Dire                     | ector  |  | SSN/   | FEIN   | DOB  |  | App submitted?<br>⊠Yes □No   |  |
| City<br>Chic                      |  |  | -  | 60654  |  |  |  |  |
|                                   | Own.   | % Bu   | sines  | s Associated with  | 1  |  | e Own. % in Applicant  |  |
| Title<br>Dire                     | Director   |  | SSN/FEIN   |  | DOB  |  | App submitted?<br>⊠Yes □No   |  |
|                                   |  |  | IL   ZIP   60654   |  |  |  |  |  |
| 1                                 | Own. % Business Associated with  |  |  | h Effective Own. % in Applicant  |  |  |  |  |
| Title Lead Grov                   |  | ower SSN/FEIN  |  | FEIN   | DOB  |  | App submitted?<br>⊠Yes □No   |  |
| City<br>N. Scitu                  | City State N. Scituate   |  | RI   | ZIP<br>02857   | Phone Number   |  |  |  |
|                                   | Own. % Business Associated with Effective Own % in Ap  |  |  |  | re <u>Own. % i</u> n Applicant   |  |  |  |
| Title                             | le   |  | SSN/FEIN   |  | DOB  |  | App submitted?  ☐Yes ☐No   |  |
| City Sta                          |  | State  | RI   | ZIP  | Phone (  | Number   | 4  |  |
|                                   | Own.   | % Ви   | isines   | s Associated with  | h  | Effectiv   | re Own. % in Applicant<br>0  |  |
| Title                             |  |  | SSN/FEIN   |  | DOB  |  | App submitted?<br>□Yes □No   |  |
| City Sta                          |  | State  | ZIP  |  | Phone Number ( )   |  |  |  |
| Own. % B                          |  |  | isines   | s Associated with  | h  | Effective Own. % in Applicant  |  |  |
| Title                             |  |  | SSN/FEIN   |  | DOB  |  | App submitted?  ☐Yes ☐No   |  |
|                                   | d anyone sons"). If ownersh iness interest inter | d anyone with sons"). If an e ownership in iness interest.  Title COO/Cultivat Manager City Providence Own.  Title Director City Chicago Own.  Title Lead Gro City N. Scituate Own.  Title City Own. | d anyone with man sons"). If an entity ownership in the entity ownership in th | d anyone with managinesons"). If an entity (corownership in the entity iness interest. Attach at a common sons"). If an entity (corownership in the entity iness interest. Attach at a common sons interest. Attac | d anyone with managing or operation sons"). If an entity (corporation, part ownership in the entity, and their effiness interest. Attach a separate she iness interest. Attach a separate she in iness in iness interest. Attach a separate she in iness in iness in iness iness interest. Attach a separate she in iness iness interest. Attach a separate she in iness iness in iness in | d anyone with managing or operational consons"). If an entity (corporation, partnership ownership in the entity, and their effective iness interest. Attach a separate sheet if not manager  City State RI O2903  Providence Own. % Business Associated with  Title Director SSN/FEIN DOB  City Chicago State ZIP Phone  City Chicago State ZIP 60654  Own. % Business Associated with  Title Director SSN/FEIN DOB  City State ZIP Phone  City State ZIP 60654  Chicago Own. % Business Associated with  Title Lead Grower SN/FEIN DOB  City State ZIP Phone  City State ZIP O2857  Own. % Business Associated with  Title SSN/FEIN DOB  City State ZIP Phone  City State ZIP Phone | COO/Cultivation Manager  City State RI 02903  Providence  Own. % Business Associated with  Title Director  City Chicago  Own. % Business Associated with  Title Director  City Chicago  Own. % Business Associated with  Title Director  City State IL ZIP Phone Number 60654  City State IL ZIP Phone Number 1L 60654  Chicago  Own. % Business Associated with  Title Lead Grower  City State ZIP Phone Number 1L 60654  City State RI ZIP Phone Number 1L 60654  City State ZIP Phone Number 1L 60654 |  |

| Address  | City         |   | State     | ZIP                | Phone                         | Number   |  |  |  |  |  |
|--|--------------|---|-----------|--------------------|-------------------------------|----------|--|--|--|--|--|
|  |              | 1 |           |                    | (                             | )        |  |  |  |  |  |
| Business Associated with (Parent business or sub-entity)   | Own          |   | % Busines | ss Associated with | Effective Own. % in Applicant |          |  |  |  |  |  |
| The content of the co |              |   |           |                    |                               |          |  |  |  |  |  |
|  |              |   |           |                    |                               |          |  |  |  |  |  |
| Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.  |              |   |           |                    |                               |          |  |  |  |  |  |
| Name   | Date of Birt |   |           | SSN/FEIN           |                               | Interest |  |  |  |  |  |
| n/a  |              |   |           |                    |                               |          |  |  |  |  |  |
|  |              |   |           |                    |                               |          |  |  |  |  |  |
|  |              |   |           |                    |                               |          |  |  |  |  |  |
|  |              |   |           |                    |                               |          |  |  |  |  |  |
| Applications Signature   |              |   |           | 4/19/2017<br>Date  | 7                             |          |  |  |  |  |  |
| Authorized Signatory   |              |   |           |                    |                               |          |  |  |  |  |  |
| David Ferrante   |              |   |           |                    |                               |          |  |  |  |  |  |
| Printed Name   |              |   |           |                    |                               |          |  |  |  |  |  |

Phone Number

FORM 3\*